



**DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH ADMINISTRATION  
BUREAU OF FOOD, DRUG, AND RADIATION PROTECTION  
51 N STREET, N.E., ROOM 6025  
WASHINGTON, D.C. 20002**

**APPLICATION FOR REGISTRATION PERMIT  
Hearing Aid Dealers**

1. _____ NAME OF APPLICANT(S):	_____
2. _____ NAME:	_____
3. _____ ADDRESS:                                      Street and Number                                      City                                      State                                      Zip Code	_____
4. _____	
5. _____ TRADE NAME:	_____
6. _____ ADDRESS OF PREMISES APPLIED FOR:	_____
7. _____ D.C. WARD NO.	8. _____ Certificate of Occupancy No.

9. Indicate whether a

<input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> CHANGE OF LOCATION	<input type="checkbox"/> NEW APPLICATION
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10. If change of Owership, give previous name: _____ _____	11. If New Location, give: Date Ready for Inspection _____ Date of Opening _____
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12. NAME OF CORPORATION: _____	_____
OFFICE ADDRESS: _____	_____
NAME OF BUSINESS _____	_____
ADDRESS OF BUSINESS _____	_____

13. If Corporation, list Officers and Address

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

14. If Non D.C. Corporation and/or Non D.C. Resident:

Applicant's D.C. Agent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

15. Has applicant(s) been found guilty of fraudulent hearing aid practices or advertising? ☐ YES ☐ NO  
If answer to above question is Yes, please attach supplemental sheet with explanation.

I CERTIFY THAT ALL OF THE STATEMENTS MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

16. Signature of Applicant \_\_\_\_\_

17. Date \_\_\_\_\_